Name in Full: John Burden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death: Month: Dec — Day: 23 — 1904

Age — Years: Don't Know — Months — Days

Sex: Male

Color or Race:

Birthplace: Don't Know

Occupation: Dredger

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Don't Know

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving In formation: Capt. Chas Bradshaw

How related to deceased: Employer

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Syphylys — How long: Don't Know

Immediate: Rheumatism — How long: Don't Know

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O E Collins

Address: Crisfield

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: John Black

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Stevens Branch — County: Somerset

Date of death: 1904 — Month: Dec — Day: 2 — Years: Age 45 — Months — Days

Sex: Male — Color or Race: Mulatto — Birthplace: Fruitland

Occupation: Laborer — Where Residing if not at place of death: at his Brothers home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Hezekiah Black — Father's Birthplace: Farmer

Mother's Maiden Name: Caroline Black — Mother's Birthplace: Md

Name of person giving In formation: Charles Parsons — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Syphilis — How long: 2 or more yrs

Immediate: Gumma — How long: Few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gillis M.D.

Address: Salisbury, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Crisfield (County) Somerset.

Date of death 1904 (Month) Dec (Day) 29

Age (Years) — (Months) — (Days) one

Sex Male

Color or Race Colored

Birthplace Crisfield

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Theodore Brattin

Father's Birthplace Crisfield

Mother's Maiden Name Jenny Handy

Mother's Birthplace Crisfield

Name of person giving Information George Jones

How related to deceased none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary pneumonia

How long 4 days

Immediate —

How long 4 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician none

Address Crisfield Md

Accident or Suicide?

George H Jones

LIBRARY BUREAU A83616

Name in Full: Edward Matthew Brooke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion Station, County: Somerset,

Date of death: Month: Dec, Day: 27, 1904 — Age: Years: 45, Months: 1, Days: 6

Sex: Male — Color or Race: White — Birthplace: Cincinnati, Ohio

Occupation: Rail Road + Express Agent + Telegrapher. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Cora, Aurelia, Turpin,

Father's Name: Charles, Finley, Brooke — Father's Birthplace: Ridgeville, Ohio

Mother's Maiden Name: Susan, A, Mathews — Mother's Birthplace: Winchester, Ohio

Name of person giving Information: Cora, Aurelia, Brooke — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis, due to excessive use of alcoholic Stimulants — How long: 5, or 6, months

Immediate: Exhaustion, from Gastro-Intestinal hemorrhages — How long: 2, days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. B. B. Ewell M.D.

Address: Marion Station, Somerset County, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Matilda Byrd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lawsonia; County: Somerset

Date of death: Month: June; Day: 18; Years: 67; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Lawsonia Md

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: widow; Name of Wife or Husband: Jno. Byrd

Father's Name: Kenneth Tawes; Father's Birthplace: Lawsonia

Mother's Maiden Name: Nancy Nelson; Mother's Birthplace: Lawsonia Md

Name of person giving information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 7 days

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret Dixon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: Month: Dec; Day: 12; Year: 1904; Age: Years: 49; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Cape Charles Va

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Geo Dixon

Father's Name: — ″; Father's Birthplace: ″

Mother's Maiden Name: — ″; Mother's Birthplace: ″

Name of person giving Information: 120; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis, Nephritis; How long:

Immediate: Edema Lungs; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H Coulbourn, M D

Address: Crisfield, Md.

Accident or Suicide:

LIBRARY BUREAU A88816

Name in Full: Charles Edward Doze

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Dec	Day: 14	Age — Years: 3	Months: 2	Days: 7
Sex: Male	Color or Race: White		Birthplace: Crisfield Md		
Occupation: none	Where Residing if not at place of death: —				
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: Edward Thomas Doze			Father's Birthplace: Crisfield Md		
Mother's Maiden Name: Mary L Johnson			Mother's Birthplace: Crisfield Md		
Name of person giving Information: Mary L Johnson			How related to deceased: Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus		How long: Six months
Immediate: Exhaustion		How long: —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: W F Hall	
	Address: Crisfield Md	
Accident or Suicide?		

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Oscar Dorsey

Died at Upper Fairmount Somerset MARYLAND
Town County

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	12 8	Age 14			Md.	

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Daniel Dorsey

Mother's Maiden Name Millie Ring

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 6 mos.

Immediate

Accident, Suicide, Homicide

Reported by Dr. G. W. Gill

Address Princess, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Garnet Gillis

Died at Town: Fairmount County: Somerset MARYLAND

Date 1904 Month: 12 Day: 27	Age Y.: 17 M.: D.:	Native of: Md	Occupation: Domestic
~~Male~~ Female	~~White~~ Colored	Married Single	~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: None

~~Husband~~ Wife of Charles W. Gillis

Father's Name: Richard Robup

Mother's Maiden Name: Eva Boggs

Cause of Death: Primary: Tuberculosis — How long sick: 5 Mo

Immediate

~~Accident, Suicide, Homicide~~

Reported by G.E. Dickinson

Address Upper Fairmount Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Georgiana Holden

Certificate of Death

Died at Town: Fairmont County: Somerset MARYLAND

Date 19 04 Month: 12 Day: 28 | Age Y. 24 M. D. | Native of Va | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of John Holden

Father's Name —

Mother's Maiden Name —

Cause of Death: Primary — Tuberculosis — How long sick One year

Immediate —

~~Accident, Suicide, Homicide~~

Reported by G.E. Dickinson

Address Upper Fairmont

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hopkins

CERTIFICATE OF DEATH

Died at: Town: Crisfield — County: Somerset — MARYLAND

Date of death: Month: Dec — Day: 6 — 1904

Age: Years: — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo E Hopkins — Father's Birthplace: Md

Mother's Maiden Name: Cordelia Bedsworth — Mother's Birthplace: Md

Name of person giving Information: G E Hopkins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 1 dy

Immediate: Congestion — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: R E Lloyd

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A46816

Name in Full: Martin Luther Lawson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: Month: Dec; Day: ; Year: 1904; Age: 57; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Somerset Co

Occupation: Oysterman; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mary

Father's Name: Jas. Lawson; Father's Birthplace: Som. Co

Mother's Maiden Name: Mary Lawson; Mother's Birthplace: Som. Co

Name of person giving Information: D J Somers; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Rheumatism 93; How long: 10 years

Immediate: Pneumonia; How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Somers

Address: Crisfield Md.

Accident or Suicide? No

LIBRARY BUREAU A88616

Name In Full

Certificate of Death

Edward Francis Maddux

Died at Town Crisfield County Somerset MARYLAND

Date 1904 Month 12 Day 20 | Age Y. 5 M. — D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Lehar Maddux | Mother's Maiden Name Edith Sterling

Cause of Death — Primary: Acute Bowel 93 | How long sick 4 months

Immediate: Inf. by Tuberculosis | ~~Accident, Suicide, Homicide~~

Reported by G. T. Simonson M.D

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name In Full — Miles

Certificate of Death

Town: Mearsbin Md. County: Som.

Died at: Mearsbin Md. Som. MARYLAND

Date 1904 Month: 12 Day: 10 | Age Y.: M.: D.: 10 | Native of: Md. | Occupation:

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife

Father's Name: David Miles

Mother's Maiden Name: Mary Maynard

Cause of Death — Primary: Marasmus — How long sick: 15 d

Immediate:

Accident, Suicide, Homicida

Reported by: Dr S. W. Gill

Address: Mearsbin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Fred C. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princess Anne — County: Somerset

Date of death: Month: Dec. — Day: 3 — Years: Age 43 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: England.

Occupation: Paper Hanger — Where Residing if not at place of death: Princess Anne,

Married, Single or Widowed: Widowed — Name of Wife or Husband: Dorothy Harford

Father's Name: Fred C. Brown — Father's Birthplace: England

Mother's Maiden Name: — — Mother's Birthplace: England

Name of person giving Information: Son Fred J. Brown — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 or 3 mos.

Immediate: Cardiac Failure — How long: One day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas T. Fisher M.D.

Address: Princess Anne, Md.

Accident or Suicide? Neither.

LIBRARY BUREAU A88016

Name in Full: John Ricketts

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Arnold — County: Somerset

Date of death 1904 — Month: Dec — Day: 30 — Age — Years: 60 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Delaware

Occupation: Oysterman — Where Residing if not at place of death: ✓

Married, Single or Widowed: Married — Name of Wife or Husband: Hester Bennett

Father's Name: John Ricketts — Father's Birthplace: Del

Mother's Maiden Name: Mary E Ricketts — Mother's Birthplace: "

Name of person giving information: J P Muir 29 — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Enteritis — How long: 1 year

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R H Haught

Address: Arnold Md

Accident or Suicide? No

LIBRARY BUREAU A80516

Name in Full: Gelston Delany Sterling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lawsonia — County: Somerset

Date of death	Month	Day	Years	Months	Days
1904	Dec	23	Age —	—	9

Sex: Male — Color or Race: White — Birthplace: Lawsonia

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Noah T. Sterling — Father's Birthplace: Lawsonia Del

Mother's Maiden Name: Mary E. Tyler — Mother's Birthplace: Lawsonia Md

Name of person giving In formation: Mary E. Sterling — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W F Hall

Address: Lonsfield Md

Accident or Suicide?

93

LIBRARY BUREAU A88516

Name in Full: Mrs. Mary Fell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death: Month: Dec. — Day: — Years: 1904 — Age: 77 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Som. Co

Occupation: Household work — Where Residing If not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Dont Know

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving Information: Peter F Gleason — How related to deceased: Nurse

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Hepatic Colic — How long: Several Years

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J F Somers

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Mary Tull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: Month: Dec; Day: 27; Year: 1904; Age: Years: 78; Months; Days

Sex: Female; Color or Race: White; Birthplace: Somerset Co.

Occupation: Housekeeper; Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Emory Riggin; Father's Birthplace: Md.

Mother's Maiden Name: ; Mother's Birthplace: "

Name of person giving information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: Feeble Health

Immediate: — How long: for 2 or 3 Years

54

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88818

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Isaac White

Died at: Town: Deals Island County: Somerset

Date of death 1904: Month: 4 Day:

Age: Years: Months: Days:

Sex: Male Color or Race: Black Birthplace: Md

Married, Single or Widowed: widdower Occupation:

Name of Wife or Husband: Julia White

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: William Robertson How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (Secretary's Suggestive)

Primary: Acute Nephritis How long: 2 Months

Immediate: Apnoea How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. Alexander

Address: Deals Island Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Emeline Willing

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: 1904 Month: Dec Day: 13

Age: Years: 78 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death: —

Married, Single or Widowed: Widowed

Name of Wife or Husband: Isaac Willing

Father's Name: John Bozman

Father's Birthplace: Md

Mother's Maiden Name: Nancy Bozman

Mother's Birthplace: Md

Name of person giving Information: Abby J. Hrusby

How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Haemorrhage

How long: 4 weeks

Immediate: Exhaustion

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. F. Tayl

Address: Crisfield Md

Accident or Suicide? No

LIBRARY BUREAU